NEW YORK NEUROLOGICAL SOCIETY.

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The President, Dr. Joseph Collins, in the chair.

A CASE OF SUCCESSFUL MORAL TREATMENT OF A FORM OF HYSTERIA.

Dr. Mary Putnam Jacobi reported this case. The patient was a woman, aged twenty-four years, belonging to a neurotic family. Her symptoms had begun by endometritis and uterine retroflexion four years before she came under observation. She had been subjected to a good deal of local treatment, including curettage and an Alexander's operation. The latter procedure had relieved the dysmenorrhea, but had been followed by a fixed pain in the abdomen not increased by pressure. She said that she was unable to walk or stand because of the severe pain produced in the back and abdomen. Examination showed no motor inability, and when she started to walk she could do so very readily and energetically. The uterine disease had entirely disappeared. She was moderately anemic and quite constipated. Dr. Jacobi said that at some portion of the cerebro-spinal tract an area of nerve tissue must be so nearly on the border of exhaustion that an attempt at function carried it beyond this line. It was conceivable that with the exhaustion of the cerebral center the very thought of the movement would be followed by pain. According to Sanier, such hysterical pains point to a partial anesthesia in the brain. Apart from the intermittent pains excited by the sense of walking, there seemed to be a permanent and distressful sense of need of support in the back. In a previous experience Dr. Jacobi had succeeded in making a bed-ridden patient walk within a week by the application of a Taylor spinal brace. This simple device had given great relief. The necessary nerve stimulus had been secured by the application of static electricity. This remedy seemed to be almost a specific for hysterical pains. The subject of the present report had been persuaded to leave her home and take a room near Dr. Jacobi's office. At first, it was not difficult to get her to walk a portion of a block, but when she was asked to walk a whole block she obstinately refused. All sorts of changes in treatment and methods of management were necessary in order to conquer the patient's wilfulness, as this was essential to further progress. Her mode of life for each day was mapped out most minutely. By the most persistent and painstaking efforts exerted for a period of four months the patient was finally conquered. During the last eighteen months she had been living a fairly normal life. Dr. Jacobi said that in hysterics the habitual dependence upon fellow minds is immensely intensified. To get rid of a false idea it must be starved out and atrophied by an entire lack of support from the minds of those around the patient. The essential element of the treatment of this case was the bringing of the patient under the control of another mind.

Dr. B. Sachs commended the general plan of treatment described in this paper, though admitting that it required far too much expenditure of time and attention to detail to make it generally available.

Dr. Ira Van Gieson expressed his admiration for the report just presented, for, he said, it was indicative of the time when psychological cases would be treated less by medicine and more by psychology. This case afforded an example of what could and should be done in hundreds and thousands of other similar cases. He had been particularly impressed with the statement made concerning the necessity for causing an atrophy of each false idea—the reverse of the process by which the hysterical condition is induced. He thought the period of treatment in the case reported might perhaps have been materially reduced by suggestive therapeutics.

Dr. Jacobi said that the objection made to the treatment on the score of its time-consuming nature was hardly sufficient to condemn it. She had seen a number of cases that had gone from one physician to another without benefit, although doubtless physicians generally were well acquainted with the principles which should underly the successful treatment of such cases.

THE MORBID ANATOMY OF A CASE OF PROGRESSIVE ATROPHY WHICH WAS CLINICALLY ONE OF AMYOTHROPHIC LATERAL SCLEROSIS.

Dr. Carlin Philips read this paper. He said that the patient was a woman of thirty-six who had come under Dr. Collins' observation for the first time on June 17, 1897. She had then complained of severe frontal headache, inability to lift the head from the pillow without the help of the hands, tremulousness of the hands, and easily-produced fatigue. She had lost thirty pounds. Examination showed atrophy of the supraspinatus and of the right shoulder girdle, and fibrillary twitchings were detected in these muscles. The knee-jerks were increased; there was ankle-clonus on both sides; there was no affection of the special senses. Six months later she had complained of dyspnea and had shown loss of will power and suicidal impulses, together with some difficulty in swallowing. The atrophy of the muscles was more marked, and extended to the trapezius muscle. She began about this time to have attacks of major hysteria, and the atrophy increased rapidly. The gait became spastic and the body rigid. She had the use of her limbs up to about six weeks before death on May 25, 1899.

An autopsy was allowed only upon the brain and spinal cord. The weight of the body was forty-eight pounds. The meninges of the brain were anemic. The brain was normal in gross appearance, as was also the spinal cord. The latter was carefully segmented and prepared in various ways for examination. In the second servical segment was a concentric zone encircling each anterior horn and involving the anterior mesial and anterior lateral portions of the fundamental columns, while the tracts of Gowers and the pyramidal tracts were left intact. Corresponding to the degenerated areas in this segment the neurogliar proliferation was very slight. The fourth cervical segment showed a sinking in of the periphery just at the margins of the anterior roots, and this change of contour extended down several segments. The gray matter extended laterally, giving a sickle-shape to the degenerated area. The most striking feature was the extensive destruction of the cells. The fifth cervical segment was practically the same as the fourth. The sixth segment showed a tongue-shaped area of degeneration extending almost to the posterior horn. In the seventh segment the anterior roots showed more marked degeneration. From the first to the fourth dorsal segments inclusive there was a zone of degeneration encircling the anterior horns, and becoming less intense until almost invisible in the fourth segment. The disappearance of the motor cells throughout these four segments was more difficult to determine than in the case of the cervical segments, but apparently there was about the same amount of atrophy of these cells. From the fifth to the eighth segments there appeared to be an increase in the neurogliar tissue. From the twelfth dorsal down to the end of the cord the area occupied the peripheral portion of the ventral half of the cord, and extended around to a point opposite the apex of the lateral horn, where it expanded into a lateral mass. The lumbar and sacral regions were found to be as severely involved as the cervical. Throughout the cord the blood vessels were apparently normal. Nissl preparations of the medulla showed small areas of periarteritis with small-cell infiltration of the adjacent gray matter. The anterior roots were found to be atrophic. The crossed pyramidal tracts were apparently unchanged.